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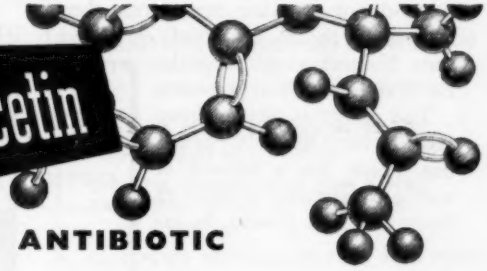

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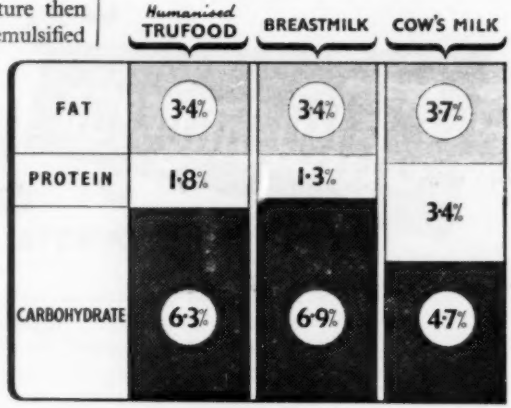

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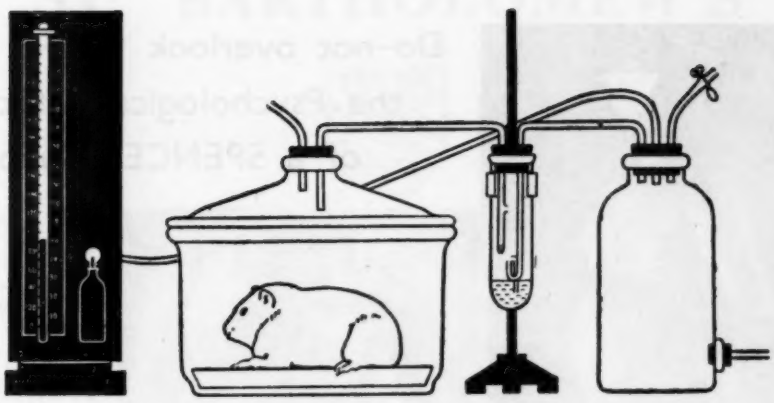

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HOSPITAL JOURNAL

Vol. LIV SEPTEMBER 1950 No. 9

LET'S PRETEND

There is a story told by Hans Andersen of a certain Emperor who was extremely fond of his clothes and to whom nothing could be more delightful than to be presented by his tailors with a new suit of some fine material, more exotic than any he had previously possessed. Two imposters arrived at the court and offered to fashion him a set of clothes of most exceptional material. This cloth would be invisible to everyone who was either unfit for his situation or unpardonably stupid. The spurious weavers received their commission and set to work on their empty looms. The narrative tells how the Emperor's advisers, afraid to admit their failure to see a stitch of the fabric, admired the finished product. The Emperor, in dread of appearing unfit for his post or else a fool, allowed himself to be dressed in the non-existent robes and paraded through the city. The citizens cheered heartily in admiration of his costume, but it remained for a little child to exclaim: "He has nothing on!"

In M.O.P.s the physician announces that he hears a presystolic murmur in the patient's chest. The clerk applies his stethoscope, adjusts it, reverses the earpieces and listens again. He assures himself that he hears it plainly. In the same way he localises the apea beat in the fifth left interspace in a case of dextrocardia. The student of modern art discourses at length upon the beauty of the smudge of paint before him at the exhibition. Perhaps he has never watched a schizophrenic chalking on the blackboard at Goodmayes Hospital. The Moscow Press deprecates indignantly the recent American aggression in Korea. How frequently does self-deception feature in the working of the human mind!

Let us not, however, be too disparaging about our inherent lack of truthfulness. There are times when it stands us in very good stead. It must be a pleasant boost to the self-esteem of the busy practitioner to cure a patient of a rasping winter cough. Let us not be critical of the homeopathic dosage of the drugs in his prescription nor of the fact that the cough was already resolving with the onset of the spring. The careworn batchelor with a host of functional aches and pains must perforce be flattered with the daily ministrations of the charming physiotherapist, so necessary for his recovery. The unsuccessful surgeon who achieves a startling cure of a case of intestinal colic by removing a normal appendix can rest upon his laurels with the satisfaction of a victor. Who would be so unkind as to show him the pathologist's report? We must not be scornful of our colleague on the District who regales us at the tea-table with the account of his latest delivery. Let us lend him our attentive ears and forget that mothers have a habit of delivering themselves. The businessman who wakes one morning with a mild coryza and a pronounced aversion to the thought of having to catch the early train is told by his family that he looks ill and must spend the day at home. Naturally his protests are drowned by feminine persuasion. How pleasant is the breakfast in bed and is the bustling of attendants with hot lemon drinks (flavoured of course with whisky). There may well be a pile of letters at the office but let us not disturb it as it lies buried so neatly, for the time being, in the depths of his unconscious.

"We deceive ourselves," say the psychologists, like the small child in Hans Andersen's story. Perhaps they are right. Perhaps, on the other hand, a little self-deception is the spice of life.

"Don't let my qualifying first come between us."

INITIAL DISASTER

(*A Protest Against Hyperabbreviationism*)

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R. V. F.

CORRESPONDENCE

To the Editor,

St. Bartholomew's Hospital Journal.

Dear Sir,

Your last issue was very interesting. May I add to the humour of your pages, quotations from my own experience.

With regard to your criticisms upon Lecturers, I recall when I was reading Law at Oxford, there was one lecturer, who afterwards became a famous judge, of whom it was said he spent the first half-hour of his lecture in giving a résumé of what he had said in his lecture of the previous week, and the second half he spent on a résumé of what he proposed to lecture on the following week.

With regard to the quaint notices of an abberrent Sister, I remember well when I was Colonel commanding a Field Ambulance at Norwich, and S.M.O. of the area, inspecting the cookhouse, and noting that one of the orderlies was spitting, I called the sergeant-major and instructed him that upon no consideration were orderlies allowed to spit anywhere near the cookhouse. Paying an unexpected visit a few days afterwards, I found the notice displayed: "Orderlies are forbidden to spit in the soup—by order of the S.M.O."

With greetings,

JOSIAH OLDFIELD.

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THEN AND NOW

By VICTOR BONNEY

I CAME as a student to St. Bartholomew's Hospital in 1890. My father, a Middlesex man, was practising in Chelsea and to Middlesex Hospital it was determined I should go, but having passed the London Matriculation it was necessary to pass what was then called the Preliminary Scientific Examination and only a few of the Medical Schools at that time taught Biology, Physics and Chemistry. Bart.'s was one of them and so there I went, being then aged 17 years.

The lecturer on Biology was Dr. Tommy Shore, who taught many generations of Bart.'s students. He was a stoutly built man with reddish hair and exceptionally skilful at drawing on the blackboard with coloured chalks. We dissected amphioxus, earth worms, dogfish and frogs and various vegetable types just as you in your turn, I imagine, have dissected them. Shaw was a fine teacher. The lecturer on Physics and Chemistry was Dr. Womack—a thin, tired looking man, my recollection is. The Biological and Chemical laboratories were then situated to the right of the Hospital as you entered the main gate and were part of the Medical School buildings. There were about 30 of us in the class, the names of whom I have mostly forgotten, but two stand out prominently in my mind: Thomas Jeeves Horder and Preston Maxwell. Horder became the most distinguished physician Bart.'s has turned out in my time, and my recollection of him is that physically and mentally he was exactly the same as he is now—a small man brimming over with energy and a tremendous worker. Preston Maxwell, together with his younger brother James were destined for the Missionary Service and both of them habitually wore the uniform of the Salvation Army, which took a great deal of courage in those days when medical students were a rowdier lot than they are at present, at least, so I am informed. Both brothers went to China where Preston became head of the Rockefeller Institute at Pekin.

The lot of a young man in London in those days was very different from what it is now. To begin with, until the Aerated Bread Company began to open its shops in the late eighties, it was impossible to get a cup of tea anywhere except at few swagger pastry-cooks and thirst had to be quenched at the nearest public house. Moreover, the custom of the time frowned on a young lady going out with a young man to a dance or dinner or any other form of amusement unless accompanied by a chaperone and the result was that the unfortunate fellows who desired female society had to consort with an undesirable class of person. There was no lack of these anywhere and Piccadilly and Lower Regent Street were crowded with them at night and remained so until, in the late nineties, public opinion compelled the police to take action against what was a crying scandal. A young fellow wishful to spend a jolly evening and not possessed of much money was driven to pass his time at a Music Hall and afterwards at a pub or pubs, from the last of which he too often reeled home to his lodgings, always liable to be intercepted by one of the herd of charmers who were always on the look-out for such a victim. No wonder that venereal disease then was vastly commoner than it is now and the seeds of future misery and ill-health were often laid in this way.

But I am digressing. Horder and Preston Maxwell put up a record when they sat for the final M.B. Examination in 1898. At that time the degree was a fully qualifying one, surgery being included in the examination. The B.S., which required a separate examination, was merely taken as a stepping stone to the M.S. The M.B. was divided into four sections: Medicine, Forensic Medicine, Surgery and Midwifery, and two gold medals were awarded to the candidates in each section who stood first and second in order of merit. Horder and Preston between them mopped up the whole lot—a feat never achieved before or since!

The Honorary Staff at St. Bartholomew's Hospital in 1890 was a very exalted one, numbering among its members four baronets and three knights. Of the physicians I recall especially Sir William Church, a heavily-built, white-bearded man and Sir Dyce Duckworth, also bearded, but smarter looking. Sir Lauder Brunton was a well known physician who did a large and fashionable practice and was the author of

a text-book. He was that very rare thing at Bart.'s in those days namely, an importation, for he came, I think, from Scotland. Then there were Gee, a very learned physician, West, Hemsley, Norman Moore, and Herringham, the last two of whom were subsequently knighted.

At the head of the surgical side and towering above all the rest was the famous Sir James Paget. He was a consulting surgeon. You will remember that as a Bart.'s student in the eighteen-thirties he noticed in the muscles of a subject he was dissecting a number of little white grains which he examined under a microscope and found in each of them a tiny coiled-up worm. He made drawings and submitted them and some portions of muscle to the celebrated paleontologist, Sir Richard Owen, Curator of the Hunterian Museum at the College of Surgeons. Owen recognised a nematode worm and gave it the name of Trichina Spiralis. But it was James Paget who, as a student, discovered the disease called Trichiniasis. Though commoner on the Continent, it is rare in this country, but during the late war there was an outbreak due to some people eating pork sausages uncooked.

It was just about this time that the new science of Cellular Pathology was being developed by Virchow, Koelicker, Cohnheim and other German pathologists. Previously diseased tissues had been examined *en masse* by the morbid anatomist, but now the cell, as the tissue unit, began to be studied under the microscope and the foundations of Histological Pathology laid. Paget, avid for advance, allied this new knowledge to surgery. He became President of the Royal College of Surgeons of England, and surgeon to Queen Victoria, and was created a baronet. Two diseases, which he discovered, are known by his name; the pre-carcinomatous eczema which sometimes afflicts a woman's nipple, and the cruel disease of bone which leaves its victim crumpled up and helpless. My stay at Bart.'s brought me the good fortune of seeing him. There was a meeting in the Great Hall to discuss a memorial to Dr. Matthews Duncan, late physician accoucheur to the Hospital and Sir James, who was sitting immediately behind me got up and spoke. I well remember his thin, keen, intellectual face and the delightful manner of his speaking. This was one of his many gifts—"silver-tongued Paget" he used to be called.

Of the surgeons on the active staff I recall Sir William Savory with his handsome, clean-shaven face and wavy grey hair, and Sir Tom Smith, thin and bearded. Savory was one of the last to contest the Listerian doctrine. He was too old to understand it or to perceive its implications. Tom Smith was best known for his pioneer work on cleft-palate and hare-lip. He was much beloved. Then there was Alfred Willett, very tall and bearded, and John Langton, clean shaven and wearing an open collar such as one associates with Mr. Pecksniff; and besides these there were Howard Marsh, Henry Butlin, Bruce Clark and Walsham. The first became Master of Downing College and the second President of the Royal College of Surgeons of England. Walsham (a small man, also bearded) was the author of a popular students' text-book of surgery. By the way, the bearded surgeon has become extinct. The coming of masks finally killed him. I remember beards which would have needed a bag to hold them.

Lastly on the surgical side I remember Harrison Cripps, Anthony Bowlby and Charles Lockwood, and I must say something about each of them. At the time I am speaking of and for many years after the obstetricians attached to the Hospital were not allowed to open the peritoneal cavity—at least, not from above—and a general surgeon was detailed off to do this for them. Harrison Cripps had the job and in addition was on the Staff of St. Mark's Hospital for Diseases of the Rectum, so that he professed two specialities, a very lucrative thing to be able to do. The wealth he acquired, however, was not entirely due to this, for he and his younger brother (later Lord Parmoor and the father of our present Chancellor of the Exchequer) had a large interest in the Company which supplied Marylebone with electric light. The Marylebone Municipality wished to take over the lighting of their own Borough and pledged themselves to buy out the Company for a sum to be decided by arbitration. To their dismay it was valued, I think, at 2½ millions, and though the Municipality disputed it at law, even to the House of Lords, they had to pay up, which was why, when I first lived

in Marylebone, the price of electricity per unit was higher there than anywhere else.

Anthony Bowlby did great work in the army. He went out to South Africa in the Boer War and in the 1914-18 War was the Chief Consulting Surgeon to the British Army in France. To him is chiefly due the credit of converting the Casualty Clearing Stations, which merely gave first-aid to the more seriously wounded, into completely equipped front-line Hospitals where all injuries, no matter how grave, could be efficiently dealt with without loss of time. An immense saving of life and still more of suffering was gained thereby.

During that war I was in charge of a first line Military Hospital on the East Coast and the soldiers first sent to us all came from the Mons retreat. I would remind you that at that time the channel ports were unusable, owing to their close proximity to the Germans, and the wounded had to be sent right across France to St. Nazaire, then by ship to Southampton, and then by train to their final destination. Most of our early patients had not had their dressings changed for many days and their wounds were in a condition of deplorable suppuration. My bedroom was next to one of the wards and I used to be kept awake by the moans and cries of the patients. I remember one case in particular, a fine young Scotsman with a leg swollen to the size of two bolsters, who shrieked in agony at every movement of the stretcher. We anæsthetised him and took him to the X-ray room, where the screen showed an unfractured femur. We moved him to the operating theatre and there I explored the great wound at the back of his thigh. I felt a number of jagged spikes like a very badly splintered bone and was puzzled until I withdrew a piece of wood nine inches long and nearly four inches broad. The bark was adhering to one side of it, and each end was a mass of jagged splinters where it had been torn off from the tree, and this had been up against his sciatic nerve for ten days! He had been lying in a wood which was being shelled when he was wounded. Had front-line Hospitals then existed the dreadful torture he underwent would have been avoided.

As they came into being in the course of the war a progressive improvement in the state of our patients was manifest and towards the end of it most of them arrived with neatly stitched up and already healing wounds and all this the soldiers owed to the work of Sir Anthony Bowlby. He became the President of the Royal College of Surgeons of England and was created a Baronet besides receiving, as he richly deserved, a number of other distinctions. I had the honour in 1926, for a short time to be a colleague of his on the Council of the Royal College of Surgeons.

Charles Lockwood, as I remember him, was a very good-looking man, always smartly dressed. He possessed scathing powers of speech and tales of how he used it are still, I expect, current amongst you. He was interested in bacteriology at a time when that important subject was not at all widely known, and indeed, the first lectures on it at Bart.'s were delivered in 1891, '92 and '93 by him and the physiologist Dr. Vincent Harris. He set himself to improve the antiseptic ritual of the operating theatre, and before operating had cultures taken of his own hands and his assistants, so as to be able to compare them with any that might subsequently develop in the wound. Gloves were not used in those days.

Some 15 years later, when I was on the Honorary Staff of Chelsea Hospital for Women I went to see him operate and observe his technique. He was most kind and courteous and took me round his wards after he had finished operating. What struck me there was the temperature charts of his patients; almost all of them monotonously flat, whereas at Chelsea I was accustomed to a rise to 100° or 100.5° F. immediately after the operation, gradually falling to normal in the next few days.

Lockwood operated deliberately and slowly, whereas I was accustomed to fireworks and I asked myself if Lockwood could achieve such flat charts why could not I? I decided that the post-operative fever was probably due to a slight post-operative oozing, a happening extremely likely when a surgeon operates with one eye on the clock. I therefore began to amend my technique with a view to obtaining more perfect hæmostasis. I shall always feel grateful to Charles Lockwood. It was the height of irony when, as the result of a finger pricked during an operation for acute appendicitis, he died of sepsis, the very disease he had tried so hard to prevent.

There were others working on the surgical side in 1890; Sir Holbart Waring,

Sir D'Arcy Power, and Sir James Berry, as they later became, and Mr. McAdam Eccles, with whom in subsequent years I was associated on the Council of the College of Surgeons, but I cannot recall them in these days.

As regards the obstetricians or physicians-accoucheur as they were called, Drs. Francis Champneys and Clement Godson, I did not as a student come in touch with them. Champneys later played a great part in the passing of the Midwives Act which revolutionised the position of midwives and maternity nurses. The great Matthews Duncan, the outstanding obstetrician of his time, had died the year before I came to Bart.'s. He, like Lauder Brunton, was an importation from Scotland.

I must say something about the Bart.'s nursing staff, for at that time and for many years afterwards, St. Bartholomew's as a training school for nurses stood easily ahead of all the other schools, thanks largely to the fine character of the Matron, Miss Isla Stewart. All the nurses then were of gentle birth and many had taken up nursing, not primarily as a means of livelihood, but as a call: and of such women are the finest nurses made. Some of them had means of their own and there was one sister whose carriage used to call for her when she had a half-day off ! The work was hard, the hours long and the housing very inferior to the conditions of today. Some of the nurses were accommodated in a building which ran along Little Britain and which was commonly called " the horse boxes." But there was no grumbling and the phrase " the *pore* nurses " was never heard. The word *pore* is a peculiarly humiliating one, for it connotes a cadging for sympathy utterly offensive to self-respect and pride, and that you hear it so often today is a sad commentary on the times. Many of the nurses were very attractive so it is not surprising that marriages between them and Bart.'s men were common. Judging from the instances I know of, such unions were invariably happy ones. I speak with special knowledge and a grateful heart. How these matters stand at the present day I do not know—but I expect that they are not greatly different.

As a very young and temporary student I saw nothing of the life of the hospital proper or of that of the Medical School. I travelled from and back to Chelsea by the river, on which there ran a regular service of steamboats, a very pleasant means of transport. My alternatives were the old two-horse bus or the stuffy Underground Railway, or my flat feet. Though there was a restaurant in the School only relative plutocrats could lunch there and most of us went to an A.B.C. shop looking out on Smithfield and situated where the Pathological Block now stands. For fivepence you coud get there a cup of tea or coffee, a roll and butter and a slice of cake, and it was extensively patronised by the more indigent students, of whom I was one, for my pocket money was only 5s. a week and even then I was a heavy smoker. A favourite amusement was throwing lumps of sugar (think of it in these days!) from the windows of the upper room in which we fed at the drivers of passing vans and I remember one infuriated vanman raising Cain after someone had hit him fair and square on the cheek.

If the day was fine we would adjourn to the old fountain and watch the Honorary Staff arriving in their carriages and pair. You must not think we were on intimate, or even on bowing terms with these great figures. There was an abyss, seemingly impassable, between them and us across which we looked with a veneration, verging on idolatry. There was a class consciousness, too, between the men of the different years, while between the students and the house physicians and house surgeons there was a great gap. In these equalitarian days when Jack is encouraged to consider himself better than his master, much of this seems to have gone by the board. No doubt the old attitude fostered a pomposity in the seniors which made them undesirably unapproachable and sometimes ridiculous, but on the other hand it is good for all of us to have something to look up to, something to pin ambition to, even if the idol worshipped is a lesser thing than we take it to be. An ideal should have a pedestal.

I made only two friends while I was at Bart.'s; Frank Nimmo, who went into the Naval Medical Service, and retired a rear-admiral, and Thomas Chave, who practised for many years in one of the southern counties. And so in the autumn of 1891 I left and went to Middlesex, but I had been long enough at Bart.'s to have become imbued with that reverence and affection

which the fine old place inspires in all who work within its walls, and I felt keenly humiliated to leave it for a Hospital so very much smaller and lacking its tremendous traditions. Looking back, however, I realise that the change was a fortunate one for me, since it led to me coming under the influence of a most remarkable man—John Bland Sutton—to whose inspiration is owing whatsoever I have succeeded in doing.

I must confess that I was a lazy and foolish student when at Bart.'s, and indeed for some years afterwards. Unfortunately I had a very good memory and could learn very quickly—what the actors call "a quick study." This gift, when conjoined with an immature mind, is a fatal one, for it promotes laziness and gives the ass something to be conceited about. The age at which individuals pass from adolescence into manhood is variable. I have known lads of 16 who for balanced outlook and resolute purpose were already fully grown men, and others who retained their larval form till well into the twenties. I was one of these latter.

I was born in the midst of general practice and many of my earliest recollections are connected with it. The period between 1885 and 1895 is a most interesting one, for during it the discoveries of the great pioneers of the previous fifty years were beginning to bear fruit, so that it forms the link between antiquity and modernity in Medicine. Just think that when I came to Bart.'s in 1890, the tubercle bacillus had only been discovered 7 years, and the discovery of the bacillus of typhoid fever (Eberth's bacillus it was called) was still more recent. The pyogenic cocci had been recognised a few years longer, but the part they played in disease was still very imperfectly known. Bacteriology was just starting to develop and bacteriologists were few and far between. Middlesex Hospital did not possess one till 1897. Tropical medicine as we know it today simply did not exist and the text-books contained various learned speculations as to why fever recurred every third day in Tertian ague and every fourth day in Quartan ague, and the reasons for the seasonal incidence of typhoid fever and its relation to the water table. I remember the sensation caused by Patrick Manson's classical paper on Filarial disease, in which the baleful activities of the mosquito were first exposed.

The drugs at the service of the physician remained much as they had been for the past 100 years; mostly of vegetable origin with a few inorganic compounds thrown in. I used to help in my father's surgery long before I came to the Hospital and even today the rows of labelled bottles in a dispensary have a fascination for me. Synthetic drugs were practically unknown; I think salicylic acid was the first of them and I remember very well the appearance of antipyrin during the great influenza epidemic of 1891. Of drugs having a definite specific effect there were only a few; mercury and iodide of potassium for syphilis, colchicum for gout and digitalis for valvular disease are all I can recall.

As aids to diagnosis the physician had only his thermometer, his stethoscope, palpation and percussion, and a few simple urinary tests, so he had to rely mainly on his own experience and (if he possessed the faculty) his own intuition. This latter gift, a sort of additional sense, was only met with in a few exceptional men. I judge your Dr. Gee to have been one of them, as certainly was that grand old Middlesex physician, Dr. William Cayley. In short, medicine in the days of my youth was not greatly different from what it had been at the beginning of the nineteenth century, though the grossest errors of its then practice had been eliminated.

Turning to surgery the Listerian doctrine had been accepted, but its application left much to be desired. When I went to Chelsea Hospital for Women as Resident Surgical Officer in 1898, a surgeon, about to operate, took off his coat, put on a mackintosh apron, turned up his sleeves, and having washed his hands in a basin of water immersed them in a strong antiseptic solution in a futile attempt to render them sterile. Gloves were not universally adopted till ten years later, though I began to use them in 1902. There was no steam sterilising and the wraps covering the patient and the swabs were wrung out of a mercurial solution. The theatre was a well-lighted room and the only apparatus in it besides the operating table was an instrument steriliser heated by two spirit lamps. At Bart.'s in 1890, as far as I can remember, there were only two operating theatres, one in Abernethy block, and another attached

to the gynæcological ward, which I never saw.

The twenty years between 1870 and 1890 had witnessed in surgery great pioneering efforts; the work of Spencer Wells and Lawson Tate, the removal of a stone from the kidney by Henry Morris, and the removal of a cerebral tumour by Rickman Godlee, and of a spinal tumour by Victor Horsley, while towards the close of the period Treves was developing the surgery of the appendix, Mayo Robson that of the gall bladder and stomach, and MacEwen that of the bones and mastoid sinuses. But all these were exceptional men, whose leads were only just beginning to be followed. The surgeon had no X-rays to help him, the cystoscope and all the other "scopes" had not been invented, and the surgery of the prostate, the lungs, the heart and the great blood vessels, and all plastic surgery, lay years ahead in the misty cone of the future.

I have elsewhere described surgery as "an Art waited on by Science," for the essence of Art is individuality, and the manual feat of operating, like any other feat of craftsmanship, is essentially individual. But with Medicine it is different. So long as the individual qualities of the physician remained the chief factor in its practice it too was an Art, but Science, at first brought in as a servant and humble helper, has changed all that. I had the curiosity to ask a physician friend of mine to scribble down such of the aids now enjoyed by a physician, as he could momently remember. The list, which he admitted was far from exhaustive, numbered 50 items and I think near 100 as a full estimate would not be wide of the mark. And so today, thanks to chemical, biochemical, physical, electrical and sub-atomic research, accurate diagnosis and accurate treatment is commonly founded on a dossier of scientific reports. I think, therefore, that while we should still call Surgery an Art, we ought to speak of the Science of Medicine. And lest it should be deemed presumptuous for a mere surgeon to discuss the affairs of the physician, I must in defence tell you that the subtle problems of medicine early attracted me and I originally intended to become a physician. It was a mere chance which threw me into surgery.

In the past 60 years the stream of discovery, at first a relative trickle, has become a roaring torrent which every year increases in magnitude and force. I recall some words of the late Sir Buxton Brown, then 97 years old. He was speaking at a big luncheon party and looking round the room said: "I see many young faces around me" (I suppose to him we all seemed young) "and some of you may live to write 2000 at the top of your notepaper. I envy you! What wonderful things you will have seen." The grand old man! What a splendid message to those who carry on the fight, as you men are destined to do. Two lines from an old Masonic song spring to my mind:

"Antiquity's pride we have on our side
It maketh men just in their station."

Well, antiquity surrounds you here and as for the word "just," it means in this connection that reverence for the traditions of your historic Alma Mater and for the great men of the past who made her what she is; which keeps a fellow aiming high and scornful of mean things and mean ways.

I am grateful to you for inviting me, an erstwhile very undistinguished Bart.'s student, to address the Abernethian Society, whose very name is a romance. May it and you continually flourish. Don't wince at the idea of growing old; it is, I assure you, quite good fun and there is a certain excitement about it, like climbing higher and higher on a mountain. You will find that health plays a much greater part in it than the mere number of years. A sick man is an old man whatever his age. As the spool of Time turns and turns, picture succeeds picture on the screen, but in all of them, down to the last, you can discover things which stir the imagination and call out for action; in short, slightly altering the words of another famous song:

"Fights for the fearless and Goals for the eager
Forty and Fifty and Sixty years on."

An Address to the Abernethian Society on June 22nd, 1950.

ROYAL COLLEGE OF SURGEONS

Mr. Frankis T. Evans has been appointed Vice-Dean of the Faculty of Anæsthetics.

THE LIFE AND WORKS OF SIR D'ARCY POWER

The Subject of the Wix Prize Essay for 1950

II. THE WORKS OF SIR D'ARCY POWER

By M. B. McKERROW

IT must indeed be a rare occurrence in the history of surgery for a single lifetime to encompass such a revolution in knowledge and practice as that which took place during the 85 years of the life of Sir D'Arcy Power. His childhood saw the year 1864 which he later described as the "annus mirabilis of modern surgery," a year in which the work of Pasteur was finding expression in the surgical advances of Lemaire, Spencer Wells and Lister. In his own childhood, too, anæsthesia had overcome the prejudice that had attended its inception and was greatly broadening the bounds of surgery. His early years witnessed, in the work of Billroth, Trendelenburg, Treves and many others, the great improvements in operative technique for which the practice of asepsis had laid the foundation. He saw the advance in diagnosis brought about by the discovery of X-Rays, and in his closing years he saw the beginning of the revolution in medical and surgical treatment resulting from the use of chemotherapy. This extraordinary progress provides the background against which the work of Sir D'Arcy Power must be viewed. The activity of his era is reflected in Power's own writings; for up to 1930 his publications numbered over 600, and in this article it is impossible to do more than to indicate the broad trends of his work.

In 1882 Power qualified, and the 16 years that elapsed before his appointment as Assistant Surgeon at this Hospital in 1898 were years of hard work and the slow garnering of experience. In their passage we see Power's attention gradually turning from an early interest in pathology to surgery, the basic study giving way to the applied.

In his writings on pathology two main streams—malignant disease and orthopædics—soon became discernible. His interest in the former, which may perhaps have been stimulated by his early association with Sir William Savory, remained one of his principal interests for 40 years. His earliest published papers on the subject were a few written while he was curator of the Hospital Museum on the descriptive pathology of sarcomata; but of greater significance were several articles, published in the last decade of the century, which gave the results of his own experiments on the causation of cancer. In this work he was one of the forerunners of the intense research on the artificial production of cancer which was conducted in the early years of the present century. The first of these articles, published in 1893 under the title *Some Effects of Chronic Irritation upon Living Tissues, being First Steps in a Rational Study of Cancer*, described his experimental introduction of cancerous tissue into the epithelium of rabbits already subject to chronic irritation. In this and subsequent papers he described the changes produced in the tissues and the appearance of certain large cells which he, in accordance with the accepted view of the time, called "cancer bodies." These "cancer bodies" were believed to be an integral part of the causation of the disease, but Power's later writings show a growing doubt whether they were anything but undifferentiated cells in the cancerous growth, and he finally repudiates altogether their function as causative agents. But Power's search for the cause of cancer was not confined to the pathological laboratory, and as early as 1894 he began to consider the possible effects of environment on cancer and he published his findings in *Cancer Houses and their Victims* (1894) and other papers.

In orthopædics the passing years again show a trend from the purely pathological to the surgical standpoint. His first orthopædic paper was *An Account of Four Cases of Intramuscular Synovial Cysts associated with Joint Disease*, published in 1885. Two years later he read before the Pathological Society an interesting paper on Colles' fracture. In this he correlates the results of a painstaking examination of museum specimens in the London hospitals with details of actual cases treated while he was a House-Surgeon and he points out how frequently the fracture may be a comminuted one by its extension into the joint.

In the field of clinical surgery Power's

writings during these years reflect the experience he gained as Surgeon to the Victoria Hospital for Children. In 1895 he published *Surgical Diseases of Children and their Treatment by Modern Methods*. This book is a treatise on those aspects of children's surgery which differ from that of the adult, and it appeared in an era when the text-book on a surgical specialty was still comparatively rare. When, in 1896, Power was appointed Hunterian Professor of Surgery and Pathology at the Royal College of Surgeons, he chose as his subject the *Anatomy, Pathology and Surgery of Intussusception*, and his lectures represent the result of careful study. To us the most interesting part of the work is contained in the last chapter which deals with treatment. The accepted treatment was the irrigation of the bowel with hot saline under a low pressure. Laparotomy, which Power here advocates for certain cases and which is now the usual treatment for nearly all, was then generally considered too dangerous. Power deals also with the problems of enterotomy and enterostomy and gives us his opinions, again of interest in view of later trends; he deprecates the use of mechanical aids such as bobbins and buttons, and writes, "for the present Murphy's button seems to have the advantage, though I think it is but a temporary one." And temporary it has proved.

During these 16 years Power had gained a valuable groundwork for a surgical career, and on the resignation of Sir Thomas Smith in April 1898 he was elected to an Assistant Surgeonship. In the four years during which he held this appointment his interests came to be centred in abdominal surgery, and the *St. Bartholomew's Hospital Reports* for these years contain several of his articles on this subject.

In 1904 he succeeded Mr. John Langton as a full Surgeon, and his years of tenure of the appointment until his resignation in 1920 marked the zenith of his surgical career. His main interest continued to be abdominal surgery. He early became concerned in the treatment of peptic ulcers and in the operation of gastro-jejunostomy, then a newly found surgical treatment for duodenal ulcer. The operation had not been long enough in use for the high proportion of recurrences to reveal itself, and so the number of "complete cures" claimed in his papers seems remarkably high. His interest in cancer, which in his earlier years had been in the pathological and research aspects, now came to be centred in cancer as a surgical problem, especially in its diagnosis and treatment in the intestinal tract.

Although abdominal surgery became his chief concern, Power's interests remained wide and he explored many by-ways of surgery. Thus we find arterial surgery claiming his attention, and no account of his work in this period could omit mention of his study of syphilis. To us in the present day such a study seems remote from general surgery, but 40 years ago, when the later stages of the disease were more often encountered than now, syphilis took an important place in surgical diagnosis, and some of its manifestations were not beyond the scope of surgical treatment. His principal work on the subject was his edition, in collaboration with J. Keogh Murphy, of *A System of Syphilis*. These six volumes, written by many authors, are a vast compendium of knowledge on all aspects of the subject; the very size of the work precluded a wide circulation, and perhaps its chief claim on posterity lies in its comprehensiveness.

The Great War provided Power with close personal experience of surgery in military hospitals, and this experience found expression in several published works. He wrote principally on two problems which become of transcendent importance in war, the treatment of wounds and venereal disease. He deals with the former of these problems in his *Wounds in War*, one of the series of Oxford War Primers of which he became general editor in 1915. It is a book on practical surgery under war conditions, which make standardisation of method essential and at the same time render ineffectual many of the accepted means of treatment. For, as Power wrote, "It [the War] has thrown us back to the time before Lister, when most wounds suppurated. It has taught us that a part of our boasted advance was useless, for the wounds to be treated were already deeply infected before there was any possibility of treating them." Another work of this period, which received wide circulation, was a treatise on venereal disease entitled *Against his own Body*. It was based on a clinical lecture given at this Hospital.

When, in 1919, the pressure of Power's military work was decreasing he was appointed Bradshaw Lecturer at the Royal

College of Surgeons, and he chose as his subject *Cancer of the Tongue*. His method of attack on this problem is of interest, for it is at once scientific and historical, and shows how, by a broad approach to such a subject, use may be made of data denied to the purely scientific observer. He correlated the increased incidence of the disease in the 16th century with the increased consumption of tobacco and spirits and with the wider prevalence of syphilis during this period. His conclusions, in which he was supported by records of cases in this Hospital, comprised a predisposing and an exciting cause for the rapid increase. He found a predisposing cause in the degenerative change taking place as a result of spirochætal infection, often accentuated by alchohol, and an exciting cause in local irritation, usually from tobacco smoking but occasionally from carious teeth. In the same year there appeared the three volumes of the *Practitioner's Surgery* under the editorship of Power. The plan of this work is similar to that of *A System of Syphilis* in that it is written by many authors and provides a comprehensive, if unwieldy account of its subject.

In 1920 Power reached the age of 65 and resigned his Surgeonship at this Hospital. His interest in surgery remained paramount in his life, but from this time onward he drew from the experience he had gained and no longer advanced into unknown country. Few surgical papers came from his pen in his later years, and of those few the greater part were on general principles rather than in a specialty.

Such, in bare outline, were the activities of the surgeon; we must however turn also to the historian and scholar to gain a balanced picture of Power's work as a whole and to discover the source of the great influence he bore over his contemporaries and how he himself was influenced by the past.

" I could always write," he once remarked, and the truth of these words is evident in the ease of style and clarity of his surgical works; but in his historical writings there is revealed another gift, of value equally to the medical man and to the historian, that of human understanding. For the basis of history is human personality, and so we find that Power's approach to history is usually through biography. No one was more deft than he in bringing before us a picture of a bygone age, but in that picture there is always a central figure who is drawn true to life. Necessary as these innate gifts are to the historian, they must be supplemented by a sound general and detailed knowledge of his subjects. It is not sufficient merely to be aware of the events in their lives, for, Power writes, " It is not possible to describe them satisfactorily unless we know the circumstances under which they lived, something of their personality, the age at which they began to write, and their social surroundings." A study of Power's works makes it clear that the source of his interest in history was not mere curiosity; for he fully realised that the work of those he depicted was of value not only in their own day, but to us who study it now, and that their work cannot be separated from their personal history. The aim of biography, he writes, is " to hand down to a future age the history of individual men or women; to transmit enduringly their character and exploits. Character and exploits are inseparable for the purposes of biography . . . and when combined constitute biographic personality. The whole art of biography is to satisfy the commemorative instinct by the exercise of its power to transmit personality."

The ability of a writer to transmit personality is nowhere more taxed than in the articles of a few hundred words which make up the *Dictionary of National Biography*. The " D.N.B." was an early training-ground for Power in the writing of biography. His first article, on Robert Liston, was written in 1893, and was the forerunner of over 200 contributions throughout his life. He wrote similar biographies for the *British Medical Journal*, *The Times* and for his edition of *Plarr's Lives of the Fellows of the Royal College of Surgeons*. This work was conceived during the 19th century by a librarian of the College, who did not live to publish it, and Power was appointed to revise and complete it with the assistance of W. G. Spencer and Professor G. E. Gask. It was published in 1930 in two volumes and is kept up to date by the issue of decennial supplements.

The art of writing short biographies such as those in the *Dictionary of National Biography* differs so widely from that of presenting a longer " life " that the two cannot be considered together. The ability to portray character and to maintain accuracy of detail are the only attributes common to both. In

the shorter article, brevity and a shrewd assessment of the essential are required. In the longer, the study of the individual forms a background for the age in which he lives; the biographer and historian become one. In the arrangement of biographical and historical material Power received early training in his edition, published in 1886, of John Flint South's *Memorials of the Craft of Surgery in England*. The author of this work had for a lifetime been collecting his material and had accumulated far more than he could arrange. It was from this accumulation that Power produced his edition. The book contains an interesting account of the evolution not so much of Surgery as of the Surgeon from the earliest days to the establishment of the Royal College of Surgeons in London in 1800.

Power's writings show a wide knowledge of medical history, but three figures stand out, of whom he made special study. They are John Arderne, William Harvey and John Hunter. One of his early long biographical works was his edition, which appeared in 1910, of John Arderne's *Treatises of Fistula in Ano, Hæmorrhoids and Clysters*, from an early 15th century manuscript. This he followed in 1922 with a translation of Arderne's *De Arte Phisicali et de Chirurgia*, and later by further shorter works.

By his work on William Harvey, Power placed himself in the forefront of Harvey's biographers. His first book, a biography published in the "Masters of Medicine" series in 1910, was at once accepted as authoritative. It is a work of sound scholarship and is of interest to the general medical reader, especially perhaps for the excellent presentation of the arguments put forward in *De Motu Cordis* to prove the circulation of the blood. This work was followed in 1913 by *Portraits of William Harvey*, a slender quarto volume produced at the suggestion of Sir William Osler and containing an assessment of Harvey's known portraits. From the publisher's viewpoint it was not a success, for the public of that day showed little interest in this type of work. The book showed its influence, however, in Power's later work, for he gave considerable thought to the place of portraiture in biography. He realised that neglect of portraiture is always followed by the acceptance of an idealised portrait often bearing little likeness to its subject, and he was careful not only to record the existence of known portraits of those whose biographies he wrote for *Plarr's Lives* but also to assess their accuracy. He followed this work with a number of short articles including an interesting paper entitled *Dr. William Harvey and St. Bartholomew's Hospital*, which was published in the Hospital Reports in 1924.

It was as biographer and historian that Power studied the lives of John Arderne and William Harvey, but it was as a surgeon, too, that he studied and became the disciple of John Hunter. The legacy of a master mind like Hunter's is two-fold. It includes the actual triumphs of a lifetime's work, but of value, too, is the story of their process of achievement. The former shed much of their glory when the next step is taken; the latter is immortal and remains an inspiration to posterity. But Power's own debt to Hunter included also a more direct legacy, for, as he once explained when giving an account of his surgical lineage, the mantle of Hunterian surgery had fallen on this Hospital, and only three generations of teachers separated himself from Hunter: "Sir William Savory, my revered master, learnt from Sir William Lawrence, and he from John Abernethy, who himself sat at the feet of John Hunter, and was ever afterwards his eulogist." Of the papers which Power wrote on John Hunter, the most important is the Hunterian Oration, which he delivered at the Royal College of Surgeons in 1925. He chose as his title "John Hunter: Martyr to Science," and put forward the view that the illness from which Hunter died was not angina pectoris, but was in fact the third stage of the syphilis with which he had injected himself experimentally 26 years before. This view has not gained general acceptance, though there is no doubt that to the end of his life Hunter was suffering from the effects of his experiment.

For over 60 years Sir D'Arcy Power was connected with this Hospital, and during that time the Hospital had much cause for gratitude to him. He gave freely of his surgical prowess, he gave his valuable advice to the Hospital, he shed on it a reflected glory by his counsels elsewhere, but not the least service he did to the Hospital was in unfolding to us its history. His first article on the subject appeared in the *St. Bartholomew's Hospital Journal* in 1897, and this was followed by many more during the succeeding 30 years, all showing his genius for infecting his readers with his own enthusiasm. But of these articles none is more worthy of per-

manent record than *Some Episodes in the History of the Hospital*, which appeared in the *Journal* in 1918. The article is the record of an address delivered before the Abernethian Society in December 1917. Its theme is expressed in its opening words, "Memory and the mind's eye sometimes play strange pranks with those who, like myself, have been long connected with this Hospital and who know something of the history of London." He tells how in imagination he sees re-enacted the great events—and also the legends—of the eight centuries of the Hospital's history. He recounts first the dream of the mother of Thomas à Becket, who saw her infant son swathed in fine linen which, when unwrapped, reached from Poultry to Smithfield, to a site where she foretold a hospital for the poor should arise. In his next vision Power sees Rahère and the first Hospitaller in the Prior's lodgings of the hospital he has founded. Later, in 1381, he sees the wounded Wat Tyler dragged within the Hospital gates, given aid, and later seized by the Mayer and Aldermen who "without more ado chopped off his head just in that space which still remains vacant between the porter's lodge and the Hospital chapel." There follow the jousts in Smithfield, and then the evil days of the 16th century which robbed the Hospital of its revenue and reduced its effective size to a mere two or three beds for the sick. He sees the Hospital restored and its reputation enhanced, as the years passed, by such names as William Harvey, Percivall Pott and James Paget. So his visions end and give way to his own recollections of his early days in the Hospital and of the growth of the Medical School during his lifetime. This lecture is not one of Power's major works, but it illustrates well his gift in historical writing.

The best known of Power's works on the history of the Hospital is undoubtedly his *Short History of St. Bartholomew's Hospital*, written for the eight hundredth anniversary of its foundation. This book was beautifully produced in the days when the physical make-up of a book was not dictated by the need for economy in paper. Power was responsible for two out of the three sections in which the first printing of the book was divided. The first section—the Past—finds the author at his best, delving among the records of the Hospital, treating his subject with care, almost with reverence, laying before his readers extracts from old documents, and with sure judgment selecting those aspects of ancient history and customs which appeal to the modern reader. The second—the Present—lacks perhaps the interest for the mid-20th century that it had for the reader of 1923. For the Present of 1923 has slipped into the Past of 1950, and detail of some events then fresh seems superfluous now. But this book, fast running out of print, deserves a fresh span of life in a new edition, as a fit memorial to its author.

Sir D'Arcy Power's interest in history was not confined to its medical aspects, and indeed without a wider interest his medical history might lack many of those qualities which make it pre-eminent. Power was a Londoner by birth. He spent most of his life there, and the history of London was a special study of his. It was this interest that, in 1903, prompted him to found the Samuel Pepys Club and to take an active part in its management for a quarter of a century. Members of the Club were the audience of an interesting address he gave in 1911 on *Why Samuel Pepys Discontinued His Diary*. In this paper the Surgeon gave himself a busman's holiday and let his knowledge of ophthalmology run loose among his historical interests. The result is an analysis of the course of Pepys' eye-trouble from its occasional mention in his Diary to the last poignant words, "And so I betake myself to that course which is almost as much as to see myself go into my grave; for which and for all the discomforts that will accompany my being blind, the good God prepare me!" Finally Power leaves the realm of factual reasoning and in a delightful excursion into conjuncture he prescribes:

"For Samuel Pepys, Esq.,
Spectacles
+ 2 D. c + 0.50 D. cyl. axis 90."

the glasses with which the Diary might have been continued.

Power's later years were devoted largely to his literary work. In 1927 he published his last purely surgical paper, and in the same year an attack of pneumonia and pleurisy left him in impaired health and compelled him to curb his activities. The stream of his historical works in no way lessened, and the works he produced in the succeeding 10 years mark the culmination of a lifetime's study in medical history. In these years he contributed many articles to the *British Journal of Surgery*. In 1927 he began a series lasting for nearly three years under the general title

"Epoch-making Books in British Surgery," and between 1934 and 1937 he followed this series with another entitled "Ipsissima Verba." The pattern of these latter articles is uniform throughout the series; an introduction sets the scene for the reader and is followed by a long passage quoted from the "very own words" of the ancient author; but through them all there runs a thread of biography, weaving a continuous pattern in the whole series and marking all as the work of the one craftsman.

In addition to articles appearing in various journals, a number of Power's historical works of this period appeared in book form. In 1930 he gave a series of lectures at the Johns Hopkins University at Baltimore, which were published the following year with the title *Foundations of Medical History*. In these delightful lectures he tells us what a lifetime of experience had taught him of the art of history and biography, of bibliography and even, in "Dining with our Ancestors," of gastronomy. Two years later his excellent little *Short History of Surgery* was published, and this was followed in 1939 by *Mirror for Surgeons*, his last work in book form.

Closely allied to Power's historical and biographical interests is his study of bibliography. It is no rare thing for medical men to take an interest in "the systematic description and history of books, their authorship, printing, publication, editions, etc." For many, such a study provides relaxation from other duties, but for Power it was the natural complement of his close contact with the old medical books used in his historical researches. His enquiring mind wished to know not only the words of their authors, but something of the story of the books themselves and how they had been received in their day. His interest in the subject is wide, but he chose as his particular sphere the printed medical books which began their existence in the 16th century. The results of his study formed the basis of several addresses to the Bibliographical Society, including papers on *Three 16th Century English Books Connected with the London Hospitals* (1921) and *The Birth of Mankind or the Woman's Book* (1927). Power joined the Bibliographical Society in 1915 and in 1926 he was elected President for a year.

Yet, for all his activity, Power's closing years were lonely. When he could no longer share in the companionship of an active surgical life he spent much of his time in the Royal College of Surgeons where, in 1929, he was appointed Honorary Librarian. In the discharge of this office he rendered a great service to the College, for his knowledge of the treasures contained in the library was unsurpassed, and this knowledge formed the basis of many of his own writings.

When, in 1930, he reached the age of 75 Sir D'Arcy Power received honours which were a formal expression of a deep and universal respect shared by all who knew him. An issue of the *British Journal of Surgery* was dedicated to him, and a book of his *Selected Writings* was produced. The idea of this book was conceived by the Osler Club of which Power was a member, and the cost of its fulfilment was defrayed by a fund supported by many subscribers, some quite unconnected with medicine. No more graceful compliment could have been paid, and the book has done much to preserve in accessible form some of the author's finest works.

It is too early to attempt an assessment of Power's own place in history, but it is certain that he will be remembered longer as an historian and interpreter of Surgery than as a practising surgeon. This is in no way to deny his surgical skill, nor to minimise his service to Surgery, for, while few become great surgeons, fewer still can interpret and integrate not only their own work but also that of others. This latter was Power's greatest contribution. He was, moreover, the natural ambassador of a world of surgery rapidly becoming more specialised and withdrawn to the world of letters. The further Medicine advances in its technical fields, the wider becomes the gulf that separates it from the Arts, and the more indebted we are to those few men who, by the breadth of their intellect, can bridge this gulf.

If the precise place of Sir D'Arcy Power in Surgery as a whole cannot yet be determined, his place of respect and honour in this Hospital is assured. By his skill as a surgeon he upheld a tradition for sound surgery established by such men as Paget, Abernethy and Pott, and by his standing in the world of letters he proved himself a worthy figure in a line of surgeons of broad humanity who have for so many years brought distinction to the Hospital.

The authors of this and the article appearing last month wish to record their grateful appreciation of assistance given by relatives of the late Sir D'Arcy Power and others.

TEACHING OF OPTHALMOLOGY IN A GENERAL HOSPITAL

By H. B. STALLARD

THE training of the general practitioner has recently received marked attention in the medical, and indeed in the lay, press (*The Times*, May 26, 1950). We are constantly reminded by our medical administrators that St. Bartholomew's is not a hospital for the "sick poor," but its purpose is the teaching of undergraduate medical students, the majority of whom will serve as general practitioners. What should the student be taught about ophthalmology, nothing or something? In one famous London teaching hospital the instructional aim in ophthalmology goes no further than to make the student appreciate that "something is wrong," that there is a condition which does not comply with the normal physiological and anatomical state of the eye, a modest but desirable ambition. Probably this academic "ceiling" accounted for the cryptic notes I used to receive in the Army Ophthalmic Unit in Belgium from one of my trainees, brought up at this particular hospital. The note invariably ran: "To see O.C. Unit. Diagnosis—Deep-seated trouble." One has received in St. Bartholomew's Hospital the verbal "brief" for out-patient teaching: "Tell them something about conjunctivitis and blepharitis and send them away."

What are the responsibilities of a general practitioner in regard to ophthalmology? He is the front line of our profession and on his quick appreciation of the diagnosis and prompt action may depend a patient's sight, not only in one eye but in both. Examples of this are failure to recognise acute glaucoma, acute iritis, obstruction of the central retinal artery, and a penetrating wound with or without an intra-ocular foreign body. The majority of patients requiring ophthalmic attention in this country go first to opticians who have had no medical training. Many of these men are careful and realise that "something is wrong" refer the patient to a doctor, usually the general practitioner, for him to make the diagnosis and give treatment or to refer the patient to a consultant. In remote parts of this country, in the Colonies and Imperial outposts there is no one but the general practitioner to take what action he can to save an eye or eyes in acute glaucoma, injuries, severe intra-ocular inflammation and other emergencies.

The war revealed the defective absorption of special department teaching in our general hospitals. The general duty M.O. in the Services, and indeed the surgical specialist, wasted man-power, money and sometimes human eyes by decisions which were sometimes droll but often serious. The visual acuity standards were not appreciated. Many M.O.s seemed to have little knowledge or imagination as to what tasks a man could perform with certain visual acuity. Soldiers were evacuated from the front line during an action with drifting refractive errors. Sometimes artificial eyes were not recognised, and I remember five instances in which the prosthesis was accorded visual acuity varying from 6/36 to 6/6! Men with such gross ocular defects as anterior staphyloma, well-marked corneal nebulae, retinitis pigmentosa, optic atrophy and severe choroido-retinitis were not only recruited and trained after a fashion, but passed as fit to serve in a theatre of active military operations and in tropical climates. Their immediate return home after coming and going 30,000 miles was costly as well as futile.

In France and the Middle East surgical specialists in Casualty Clearing Stations held for a long time the erroneous idea that an eye with an intra-ocular foreign body must be excised, a failure to realise the advances of conservative ophthalmic surgery, and they excised eyes in a manner which showed clearly that they had never seen such an operation done nor read about it. The sockets were packed with ribbon gauze to which adhered much of the orbital fat and thus were ruined aesthetically. This failure to realise the possibilities of conservative eye surgery led to a tragic decision by a general surgeon during the evacuation of Dunkirk when a field medical card accompanying the soldier contained a note to the effect that "the second eye had also been excised to avoid sympathetic ophthalmitis." It seemed that time had stood still for twenty-six years and that there prevailed the opinion of the Consultant Surgeon in France in 1914 which was that Ophthalmic Surgeons were unnecessary for an Army in the field, for the only

operation to be done for a wounded eye was excision and the general surgeons were able to do this.

The catastrophes in civil practice are no less, chronic glaucoma is often missed until there is no perception of light in one eye and a much reduced field in the other; acute congestive glaucoma is treated with lotio. boric ac. or worse still by atropine until all hope of saving any sight is gone, and failure to recognise the significance of the vomiting and prostration accompanying this disorder has led to exploratory laparotomy for assumed intestinal obstruction.

An infant with glioma retinae, a highly malignant and very radio-sensitive growth is brought first either to the general practitioner or the Infant Welfare Centre, the mother remarking on the "cat's eye reflex." Every year such cases are missed, the delay jeopardising both the child's eyes and its life.

Failure to diagnose acute iritis may lead to blindness from occlusion of the pupil with exudate; and if there is a delay of one hour in the treatment of central retinal artery obstruction recovery of vision is improbable. Delay in the proper treatment of strabismus is the cause of loss of visual function in an anatomically healthy eye.

These are some of the more serious ocular disorders which may cause patients to seek first the advice of their general practitioner, and so it would seem proper to teach students about the recognition of these.

Ophthalmic medicine. We try to impress upon the student that ophthalmology is not a specialty limited to disease in one special sense organ, but that many ophthalmic disorders are associated with systemic disease, and that the eye through the transparency of its media affords a great opportunity of studying by means of the ophthalmoscope and the slit-lamp and binocular microscope living and active pathological processes of general medical significance. The retinal arterioles and venules are seen under 15 times magnification with an ophthalmoscope and the effects of pathological capillary leakage may be studied with the binocular microscope and slit-lamp, with which instrument the movements of red and white blood corpuscles and inflammatory cells may also be seen. Pathological changes in the arterioles and venules may suggest similar alterations in those of the kidney and the brain; and a water-hammer pulsation of the central retinal artery indicates a leaking aortic valve before any added sounds are heard at the base of the heart. The retinopathies associated with arteriolar sclerosis, renal disease and diabetes are readily diagnosed with the ophthalmoscope.

Ophthalmoscopic examination of the optic nerve head and retina may also afford important information concerning diseases of the central nervous system such as raised intracranial pressure, tabes dorsalis, disseminated sclerosis, Friedrich's ataxia and other diseases.

Inflammation of the uveal tract may be caused by and associated with systemic diseases due to focal sepsis, syphilis, tuberculosis, leprosy and disease of the reticulo-endothelial system, such as Boeck's sarcoidosis and uveo-parotitis.

The effects of vitamin deficiency may be seen in the conjunctiva, cornea, lens, retina and optic nerve. Virus diseases affect several ocular structures, certain poisons and drugs have characteristic and tissue-selective actions. The acute exanthemata, some tropical fevers, dysentery, and blood diseases have ocular complications. Skin diseases, particularly of the face and scalp, are complicated by blepharitis, conjunctivitis and keratitis and some are associated with pathological changes in the lens.

Skeletal abnormalities such as arachnodactyly are associated with ectopia lentis, hydrophthalmia and high myopia; oxycephaly with bilateral exophthalmos, optic atrophy and divergent strabismus; gigantism and acromegaly with visual field defects; fragilitas ossium with blue sclerotics. The presence of an artificial eye may be of considerable diagnostic significance in a case of spontatneous fracture, a mass in the abdomen or a cough. Abnormal posture of the head and facial asymmetry is seen in ocular torticollis due to congenital paresis of one of the elevators of the eye and overaction in its contra-lateral synergist and ipsolateral antagonist. Indeed, an abnormal head and face posture characterises paresis of any extra-ocular muscle in the patient's attempt to limit the field of diplopia.

Some disorders of the endocrine glands have associated changes in the eyes, visual pathways and orbit. Many syndromes characterised by lesions in ectodermal and mesodermal structures have associated ocular changes.

The above is only a brief sketch of the contact of ophthalmology with general medi-

cine, neurology, endocrinology, dermatology, orthopaedic and ear, nose and throat disorders.

There is no need to teach students the technique of refraction. It is sufficient to make them realise the significance of headaches due to refractive errors and ocular muscle imbalance.

Ophthalmic surgery is so specialised, so highly technical, its precision and delicacy demand long and gradual training, and it is in many respects so unlike general surgical technique that it is obviously wasteful of students' time to watch major operations. It is, however, important that general practitioners should know what is done to their patients suffering from cataract, glaucoma, retinal detachment, squint, penetrating wounds and lacrimal duct obstruction so that they may be better able to appreciate points in the post-operative care of their patient and the need for skilled supervision.

For this purpose the preparation of coloured films enable students to see in a short time the essential steps in these operations and their purpose.

For general practitioners likely to practice in remote places where specialist help may be delayed for several days it is well for them to learn a few less difficult operations such as posterior sclerotomy as a temporary measure in acute congestive glaucoma when help is unavailable within 24 hours and the intra-ocular pressure is not reduced by miotics within safe limits ; carbolization of a corneal ulcer, incision of a lacrimal sac abscess which is pointing ; injection of alcohol around the ciliary ganglion to relieve pain in a hard blind eye ; and evisceration for panophthalmitis.

It is essential for all doctors to learn how to remove aseptically, cleanly and with minimum trauma a superficial foreign body on the conjunctival and corneal epithelium and when to leave well alone any deeply placed foreign body. About 600 eyes with corneal foreign bodies are lost every year in this country through the rough and dirty attentions of enthusiastic amateurs who favour such weapons of surgical attack as well-sucked camel hair brushes and disused toothpicks. Too often the patients present themselves at last where they should have gone first to the eye department or eye hospital, their cornea well ploughed up and infected by a succession of hard triers from the " mate at the works," the first-aid man, a chemist, and even the O.P. casualty officer of a hospital where such necessities as a good ophthalmic lamp, a suitable table, a tranquil surround, proper instruments, absolute asepsis and a sure and gentle pair of hands are not available. A diffuse dense corneal scar and even panophthalmitis and subsequent evisceration are heavy prices to pay for a trifling initial injury.

Is it possible to impart these essentials of ophthalmic practice to undergraduate students in a general hospital? In a crowded curriculum 12 afternoon sessions shared with " fevers," football matches, festivals, funerals and holidays are allocated to ophthalmology. A very high average for a keen and industrious student is seven or eight attendances. The difficulties of providing suitable clinical material for teaching have been increased since the war, for the absence of adequate in-patient accommodation has necessitated the diversion of acute ocular disorders and injuries to the over-worked Moorfields and Westminster Eye Hospitals.

Every London teaching hospital except Bart.'s and one other has an ophthalmic ward in London from which it is possible to draw appropriate clinical material for teaching students. This defect means that good teaching cases go elsewhere, for it is soon realised by doctors and patients alike that adequate in-patient services are not available here.

We hope, now more faintly than we did five years ago (for promises have been broken), that in the course of some more years of patient waiting, and depending on the relative inertia of administrators and architectural renovators, a once famous and indeed the oldest special department in this hospital may have again an opportunity to work under reasonable conditions, to give our patients the service they had in better days, and in so doing to provide the right material (a little more than conjunctivitis and blepharitis) for teaching future general practitioners.

CHANGE OF ADDRESS

Dr. G. A. Harrison to Norton House, Fishbourne, Chichester, Sussex.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Trinity Term, 1950

Medicine, Surgery and Midwifery

Cairns, J. D.	Fowkes, A. S.	Godden, J. L.	Raynor, M. J.
Dossetor, J. B.	Gilks, J. M. L.	Morris, G. C. R.	Riseley-Prichard, R. A.
			Watkins, P. H.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Easter Term, 1950

Part I. Surgery, Midwifery and Gynæcology

Baker, A. M.	Clarke-Williams, M. J.	House, M. L.	Lodwick, J.
Bennett, J. F.	Currie, J. C. M.	Juckes, H. F.	Rowson, K. E. K.
Brown, P. B.	Holmes, R. P.	Kendrew, M. E.	

Pat II. Principles and Practice of Physic, Pathology and Pharmacology

Brown, P. B.	Juckes, H. F.	Milligan, J. L.	Strong, J. D. E.
Hodson, J. M.	Kendrew, M. E.	Muir, B. J.	
Holmes, R. P.	Lodwick, J.	Steel, P. C.	

SOCIETY OF APOTHECARIES

Final Examination

June, 1950

Pathology	Medicine	Surgery	Midwifery
Gould, G. T.	Bexon, W. H.	Gould, G. T.	Gould, G. T.
		Mangan, M. K.	Wallace, J. R. C.

The following student, having completed the Final Examination, is granted the Diploma of the Society :—

Mangan, M. K.

UNIVERSITY OF LONDON

July, 1950

Examination for the Academic Postgraduate Diploma in Bacteriology

Andrews, B. E.
Le Bouvier, G. L.

CONJOINT BOARD

Final Examination

July, 1950

Pathology

Blakeway, I.	Cookson, T. S.	House, M. L.	Wise, M.
Clulow, G. E.	Hindley-Smith, R. F.	Moyes, P. D.	

Medicine

Blakeway, I.	Lewis, H. E.	Thomas W. C. T.	Wiseman, D.
Kinsman, F. M.	Rowson, K. E. K.	Turner, W. J. A.	

Surgery

Clarke-Williams, M. J.	Kinsman, F. M.	Smith, I. G.	Turner, W. J. A.
Currie, J. C. M.	Nielsen, J. S.	Thomas. W. C. T.	

Midwifery

Apthorp, G. H.	Cookson, T. S.	McCloy, J. W.	Smith, D. P. Q.
Aubin, D. F. A.	Currie, J. C. M.	McKinna, C.	Taylor, J.
Bapty, A. A.	Dean, D. W. J.	Matthews, P. D.	Taylor, W. N. A.
Barnes, J.	Drysdale-Anderson,R.J.	Montagnon, J. L.	Thomas, G. E. M.
Birch, G.	Hodgson, D. C.	Parrish, J. A.	Trevan, A. C.
Bowers, K. E. J.	Ibbotson, R. N.	Phillips, G. D.	Turner, W. J. A.
Carroll, D. S.	John, A. H.	Scott, A. E. R.	Wallace, J. R. C.
Connell, P. H.	Lumley, P. W.	Sims, A. J.	Williams, D. K.

The following students have completed the examination for the Diplomas M.R.C.S., L.R.C.P.:

Kinsman, F. M.	McCloy, J. W.	Thomas, W. C. T.	Wiseman, D
Lewis, H. E.	Rowson, K. E. K.	Turner, W. J. A.	

First Examination

June, 1950

Anatomy

Godwin, M. H. G.	Mears, M. E.	Walker, L.	Zilliacus, J. O.

Physiology

Godwin, M. H. G.	Mears, M. E.		

Pharmacology

Allan, R.	Goff, E. G.	Kenney, P. M.	Waddy, G. W.
Beale, I. R.	Gretton, A. H.	Lamplugh, A. N.	Watmough, G. C.
Butcher, R. H. G.	Harries, E. H. L.	Lockett, H. I.	Watts, M. G.
Cochrane, R. C.	Heckford, J.	Manuel, J.	
Courtenay, P. H. E.	Hick, B. D.	Middleton, G. W.	
Davies, P. E.	Johnson, R. J. R.	Norman, M. H.	

SPORT

CRICKET CLUB

v. BROMLEY C.C.

Played at Chislehurst on Sunday, July 2.

Result : LOST by 8 wickets.

With many of the Hospital's better players resting themselves on this occasion, Bromley showed themselves to be the superior team in every respect.

For once the Bart.'s batting didn't thrive on early disasters and the total of 127 on a perfect wicket was not likely to result in a close finish.

The Bromley batsmen had no difficulty in knocking off the runs with plenty of time to spare.

The eight bowlers who were tried met with equal success except for Clappen who took a wicket.

Scores : Bart.'s 127 (J. B. Ellingham 5-43).
Bromley 128-2 (J. Summers 74).

PAST v. PRESENT

Played at Chislehurst Sunday, July 9.

Result : Present WON by 39 runs.

A day of almost uninterrupted sunshine contributed towards this most enjoyable match.

The Present just won by taking the last wicket only ten minutes before stumps were due to be drawn.

PRESENT

D. C. Hodgson c Schneerson b Heyland	64
P. B. Biddell c O'Connell b Heyland	16
J. D. W. Tomlinson run out	36
J. D. Cairns c Lucas b Schneerson	5
H. B. Ross b Heyland	10
J. P. Waterhouse not out	35
J. W. Mellows b Heyland	4
D. F. A. Aubin b Schneerson	5
P. G. Haigh b Schneerson	18
P. D. Moyes b Heyland	13
B. K. Arthur not out	5
Extras	7
Total for 9 wkts. dec.	218

Bowling : Heyland 5-60; Lucas 0-37; Schneerson 3-75; Harold 0-31; Ware 0-7.

PAST

A. Schneerson b Aubin	19
J. North b Aubin	5
J. T. Harold c Hodgson b Arthur	17
M. Bates st Moyes b Ross	17
R. Heyland run out	33
C. S. M. Stephen ct Aubin b Haigh	49
R. Gilbert b Ross	2
M. Ware st Moyes b Ross	5
N. C. Oswald ct Ross b Aubin	19
J. Lucas not out	5
J. E. A. O'Connell b Aubin	6
Extras	2
Total	179

Bowling : Aubin 4-38; Haigh 1-38; Arthur 1-70; Ross 3-31.

v. HAMPSTEAD

Played at Chislehurst on Saturday, July 15.

Result : LOST by 11 runs.

Bart.'s fielded first, and in between showers Hampstead were dismissed for 120. This low total was largely due to some very accurate bowling by Haigh and Foy.

When our turn came, we were no more successful and wickets fell steadily in spite of spirited resistance by Moyes and Third. The last wicket fell just before 7 o'clock with our total at 109.

Scores : Hampstead 120 (P. G. Haigh 5-30; B. N. Foy 4-30). Bart.'s 109 (A .R. Mason 4-24).

v. FINCHLEY C.C.

Played at Chislehurst on Saturday, July 22.

Result : DRAWN.

Finchley batted first and were able to declare at tea time with 156-7, mainly due to an innings of 75 by W. B. Walton.

The Bart.'s batting was very shaky to begin with, and after the fall of the third wicket at 34 we never looked like making the runs.

The game ended with Arthur being called upon to produce his customary nought not out in order to avoid defeat.

Scores: Finchley C.C. 156-7 dec. (W. B. Walton 75). Bart.'s 102-9 (J. A. Clappen 38; R. S. Norrish 6-45).

v. BUCCANEERS C.C.

Played at Chislehurst on Sunday, July 23.

Result: DRAWN. Rain stopped play.

Scores: Buccaneers 111 (J. A. Clappen 6-25). Bart.'s 10-2.

v. HORNSEY C.C.

Played at Chislehurst on Saturday, July 29.

Result: DRAWN.

In spite of fielding a side of almost cup tie strength we could only dismiss four Hornsey batsmen for 189 runs.

Bart.'s then had to score pretty rapidly in order to keep up with the clock and although Tomlinson and Braimbridge made very useful contributions we gradually got behind time.

Even so, everyone down to number eight tried to force the pace in the happy knowledge that if their wickets fell cheaply Moyes and Waterhouse at nine and ten could put up the shutters.

They did.

Scores: Hornsey C.C. 189-4 dec. (P. Kelly 63; P. Crawford 71).
Bart.'s 154-8 (J. D. Tomlinson 43; M. Braimbridge 48).

BOAT CLUB

At the Annual General Meeting of the Club held in June the following were elected officers for the coming year:—

President—Dr. B. W. Town

Vice-Presidents—Prof. L. P. Garrod, Dr. N. C. Oswald; Mr. O. S. Tubbs, Prof. K. J. Franklin, Dr. M. Donaldson, Dr. J. H. Coulson.

Captain—R. G. D. Newill.

Hon. Secretary—R. Goldsmith.

Committee Members—G. S. Banwell; P. E. Mann, M. Cohen, P. J. G. Smart.

No crews were entered for the Metropolitan Head of the River Race on April 1, most of the club being on holiday at the time. On May 20, the 1st Eight entered for the Sawtell Cup at Thames Ditton Regatta. After dead-heating with a London Transport crew in our first heat and winning the re-row, we were defeated by a powerful eight from Lensbury Rowing Club who went on to win the cup. However, we had the satisfaction of having given them their closest race. On the same day the 2nd Eight were entered for the Junior Division of the London University Allom Cup Regatta. This crew had had little previous training together and were eliminated in their first heat.

Owing to illness and consequent changes in the crew, the 1st Eight were unable to improve on the promising standard shown at Thames Ditton, and we had no success at Chiswick or Richmond Regattas.

The President's Sculling Cup was held on June 21, with a record entry. The winner, Paul Smart, won all his heats easily, and both he and the other finalist, Peter Mann, displayed a good standard of sculling.

On June 24, we sent a scratch crew to Marlow Regatta. Composed of members of the 1st and 2nd Eights this crew rowed surprisingly well, and did not disgrace the hospital colours. We beat a Thames R.C. eight in the first heat but succumbed to a more polished crew from Northampton Engineering College.

Though without success in regattas, nevertheless we had a most enjoyable summer's rowing, and the activity of the club has enabled our most promising new members to gain valuable racing experience. The retiring captain, Gerald Banwell, is to be congratulated on maintaining the enthusiasm of the Club throughout the year, particularly among the pre-clinical members, and thus laying the foundation for future successes.

The rowing year was brought to a conclusion by a most enjoyable River Ball which was held on a Thames Launch, and which upheld the reputation of the Club for producing successful dances.

Members of the two crews which represented the Hospital this summer were:—

1st Eight		2nd Eight	
Bow	P. J. G. Smart	Bow	W. M. Berry
2	P. E. Mann	2	M. T. Stather-Dunn
3	J. Randall	3	J. H. Stevens
4	R. G. D. Newill	4	W. P. Fitt
5	R. Goldsmith	5	I. H. Cochrane
6	J. F. Pearce	6	A. K. Thould
7	G. S. Banwell	7	W. G. Harris
Str.	D. H. Black	Str.	P. G. Burton
Cox	P. A. Clark	Cox	H. E. Rowley
Sub.	I. R. Beale	Sub.	M. H. Akeroyd

First Eight Colours were awarded to: J. Randall, D. H. Black, R. Goldsmith, P. A. Clark, P. E. Mann.

We congratulate our wartime hosts, Queen's College, Cambs., on winning The Marlow Eights Challenge Cup at Marlow Regatta—no mean feat!

RUGBY CLUB

For Season 1949-50 the following have been awarded Honours:—

K. A. Clare	R. F. M. Jones
D. G. Dick	P. D. Moyes
A. H. John	G. Picthall

The following have been awarded Colours:—

V. G. Caiger	A. H. John
K. A. Clare	R. F. M. Jones
M. J. A. Davies	G. Mears
D. G. Dick	P. D. Moyes
A. J. Gray	J. K. Murphy
C. W. H. Havard	G. Picthall
W. G. Holland	A. J. Third
R. J. Heylings	A. P. Wynne-Jones

Season 1950-51

The rugger season opens on September 30, with a match against Woodford. We generally play them early in the season and they always surprise us by their fitness. This year we must endeavour to be fit ourselves and start off the season on the right foot. A practice game is therefore being arranged against the Civil Service on September 23 and there will be practices down at Chislehurst on the Wednesday and Saturday preceding this. In addition members of the club are asked to start exercising themselves before these dates so that the trivial injuries too common in the early stages of the season may be avoided.

The Rugger Club dance will take place on Monday, November 27, in the Victoria Halls, Holborn. Details will be announced later.

GOLF CLUB

HOSPITAL CHALLENGE CUP (At Ilford G.C.).

On July 12, the Hospital Challenge Cup was won by D. H. Rushton at a replay after having tied with L. R. Gracey, both scoring 75. His 77, on a windy day, represented very steady scoring.

The best net score was returned by C. J. R. Elliott with a 65.

v. CITY OF LONDON POLICE (Away)

On July 19, at what must be one of London's prettiest golf courses—Langley Park—Bart.'s defeated the City of London Police by 4 games to 3. Unfortunately, at the last moment, R. V. Fiddian was unable to play, which meant that L. R. Gracey had to tackle, single handed, H. Niven and F. Branch, 6 and 8 handicaps, respectively. The task of beating these two he nobly accomplished on the 18th green after being two down at one point of the game. D. H. Rushton always had plenty in hand in his match against Sgt. Ponton and J. P. Waterhouse accomplished the no small feat of beating the Assistant Commissioner of Police by 2 and 1.

RESULTS: L. R. Gracey bt. H. Niven and F. Branch 1 up; D. H. Rushton bt. J. Salmon 4 and 3; Dr. M. B. McIlroy lost to W. Ponton 4 and 3; C. J. R. Elliott bt. F. Watts 2 and 1; A. B. Lodge lost to J. Dallaway 9 and 7; J. S. Dodge lost to J. Miller 4 and 3; J. P. Waterhouse bt. Captain Griffiths 2 and 1.

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